



**ARKANSAS
STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203**

www.arkansas.gov/pels

Phone (501) 682-2824

Fax (501) 682-2827

Office of Registrar: _____ (CollegeName)

Applicant's Name (first, middle & last): _____ S.S. #: _____

Birthdate: _____

Phone: _____

Dear Sir or Madam:

The above named individual has filed, with this Board, an application for registration as a professional engineer under the provisions of Act 214 of the 1953 General Assembly of the State of Arkansas. In regard to his/her education, he/she states as follows:

List Types of Degrees and Dates Received: **ONLY** a registrar may complete this form.

Registrar Completes: place college seal here

Correct: _____

Incorrect: _____

Registrar's name _____

Phone number _____

Date: _____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,
Executive Director

**ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
AND LAND SURVEYORS**

Note: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203.

Revised 5/2/2008